

February 6, 2023

KP George, County Judge Fort Bend County 301 Jackson Street Richmond, TX 77469

Re: 2023 Letter Agreement for Reliant Energy Retail Services, LLC CARE Program ("CARE").

Dear Judge George,

Reliant Energy Retail Services, LLC (Reliant) is a certified Retail Electric Provider serving residential customers in the Texas ERCOT Market and is required to establish and maintain an energy assistance program in accordance with the rules and regulations of the Public Utility Commission of Texas. Fort Bend County Social Services (Agency) has a proven record of managing energy assistance and relief programs and is capable of processing Reliant's customer payment assistance in an efficient, effective manner.

Each year Reliant allocates funding to support its CARE program. Reliant has invited Agency to participate in the annual Reliant CARE program subject to the terms outlined in this letter agreement. Within 60 days of receipt of this signed agreement, a completed IRS W-9 Form (required prior to first payment each year) and EFT form (for new agencies), Reliant will contribute \$20,000.00 to the Agency in support of the 2023 CARE Program.

The purpose of these contributions is to provide funding for energy assistance payments to Reliant customers under the CARE program. The funds contributed for energy assistance payments must be deposited in a depository bank account held in trust for Reliant and may only be used for payment of Reliant customer account balances. The Agency will not discriminate during the distribution of CARE funds because of race, creed, color, national origin, ancestry, sex, marital status, lawful source of income, level of income, disability, financial status, and location of customer in an economically distressed geographic area.

Agency will accept program applications from potential clients and qualify Reliant customers as eligible recipients in accordance with the following CARE program requirements:

- Each client recipient of CARE contributions must be a Reliant customer with an active account.
- The client recipient name must match the Reliant customer account name.
- Each client recipient should be notified that the contributions are from the Reliant CARE program.
- A client recipient on a Reliant prepaid service plan is eligible for CARE assistance payments.
- The maximum annual client assistance payment limit is \$500.00.
- Client recipients of CARE contributions are eligible to receive multiple assistance payments on their account if
 the cumulative amount does not exceed the maximum annual payment limit of \$500.00 in accordance with the
 Agency hardship criteria.



Agency Program Guidelines:

- Agency will distribute and discuss program guidelines in a training session with all volunteers and staff.
- · Agency qualifies active Reliant customer.
- Agency contacts Reliant Agency Desk via phone to make an inquiry or pledge on behalf of the customer (888) 363-3574
- Agency remits payment within 30-45 days from the pledge date to Reliant and includes documentation with Customer Name, Customer Account # and Pledge Payment Amount that denotes CARE payment. Payment can be sent by check or ACH:
 - o If paying by check, mail check and documentation to the Standard Payment Remittance Address:

Reliant Energy Retail Services, LLC

P. O. Box 1046

Houston, Texas 77251-1046

Attn: Credit Operations - Agency Assistance

Gayl Morris (Credit Operations - Agency Assistance Manager) 713-537-2864

o If paying by ACH, documentation should be emailed or faxed to Credit Operations – Agency Assistance:

Email: <u>CreditOpsAgency@nrg.com</u> fax: 1-866-367-0343 or 713-488-5469

- Agency must submit a monthly report form by the 10th of each month to Reliant via email recording activity and balance of funds regardless if funds were distributed or not. Agency must submit the monthly report form in order to be eligible to receive additional funding contributions under Reliant's annual CARE program.
 - Email monthly report to:
 - Sandee Treptow, <u>STreptow@reliant.com</u> direct phone 469- 277-4083
 - Credit Ops, <u>CreditOpsAgency@nrg.com</u> (888) 363-3574
- Additional Agency funding opportunity under Reliant's annual CARE program is determined solely by Reliant and
 is based on the need of customers served by the Agency, Agency's utilization of current and previous funds and
 accurate timely reporting as well as the availability of CARE funds. Agency may request additional 2023 CARE
 Program funds when Agency has pledged or utilized 75% of the 2023 contribution funds. Additional
 contributions are subject to available 2023 CARE Program funds at time of request.
- Agency must also keep records of all transactions relating to the distribution of Reliant CARE contributions for a
 period of 2 year(s) and will allow Reliant full access during normal business hours to inspect, audit or reproduce
 all such records and books of related to this agreement. Reliant CARE contribution funds may not be allocated
 or applied to operational or administrative expenses incurred by Agency.



an NRG company

- Reliant can terminate this agreement at any time during the year by providing 30 days advance written notice to Agency. Agency must take all necessary action outlined in the termination notice to conclude the program work.
- All 2023 Care Program funds that are not utilized or pledged to aid qualifying Reliant customers by December 31, 2023, will be eligible to rollover to the next CARE program year, subject to approval by Reliant. In the event Agency's participation in the CARE Program is terminated for any reason, all remaining funds that are not utilized or pledged for qualifying Reliant customers must be returned to Reliant via check or ACH transaction within 45 days of the date of termination.

To acknowledge your agreement to and acceptance of the terms and conditions outlined in this letter please sign below. Keep a copy for your records and return a copy to Reliant attention Sandee Treptow at STreptow@reliant.com

Sincerely,

Leanne Schneider

Seanne Schneider

Director, Reliant Community Relations

AGREED AND ACCEPTED

By: ______ Date: _____

Name

Title

Agency Name: Fort Bend County Social Services